



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Ernie Fletcher
Governor

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Mark D. Birdwhistell
Secretary

Glenn Jennings
Commissioner

March 13, 2007

TO: SNF, ICF, ICF/MR (11) Provider Letter Number A-343; Nursing Facility (12) Provider Letter Number A-225

RE: Correct Billing of Certification Number

Dear *KyHealth Choices* Provider:

Many of you have had questions on the format of the certification number received in letters since November 06, 2006. For example, the number is now reflected in the letter as 0000012345.

Claims billing requires one of the following indicators plus the certification number:

Y All PRO certified members who do not otherwise fall into one of the following categories:

V PRO certified high intensity members receiving ventilator therapy services in a facility approved by *KyHealth Choices* to receive an all inclusive per diem ventilator therapy rate of reimbursement.

H PRO certified high intensity members who have been approved by *KyHealth Choices* to receive services in a *KyHealth Choices* certified brain injury program.

B PRO certified high intensity members who have been approved by *KyHealth Choices* to receive services in a *KyHealth Choices* certified neuro-brain injury unit.

There are several ways to bill the indicator/certification combination. One method is to bill as Y12345 or V12345 or H12345 or B12345. You may also choose to bill it as Y000012345 or V000012345 or H000012345 or B000012345.



KyHealth Choices Provider

March 13, 2007

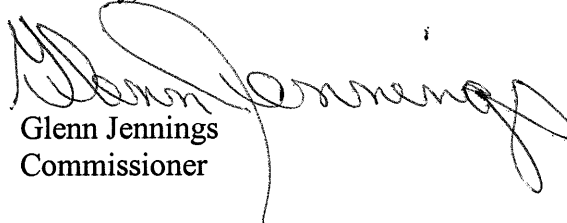
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If you are using a proprietary billing system, contact your vendor to determine how they have your software set up and any edits that might affect your billing process.

There have also been questions raised regarding new certification numbers issued for residents who have been in your facility for a period of time. These numbers were issued in error and are in the process of being corrected. Continue to bill with the previous certification number, unless you have specifically requested a new number be generated for a member re-admitted to your facility.

Should you have any questions, please contact our provider relations staff at 1-800-807-1232, Monday through Friday, 8:00 a.m. until 6:00 p.m. eastern time.

Sincerely,

A handwritten signature in black ink, appearing to read "Glenn Jennings", with a long, sweeping horizontal stroke extending to the right.

Glenn Jennings
Commissioner

Xc: SNF, ICF, ICF/MR (11) Provider Letter Number A-343; Nursing Facility (12) Provider Letter Number A-225

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